System of Care Procurement
Case Management Decision-Making Roles & Responsibilities
Project Statement

The Department of Social Services recently concluded a six-month review of its procurement policies and practices. Recognizing that $320M of its budget is spent purchasing services from provider agencies, DSS invited executive directors of provider agencies to join DSS senior managers and parent representatives to review and propose practices in its purchase-of-service system that would help achieve better outcomes for kids and families. The workgroup made recommendations about the roles that providers can play in local systems of care and the business practices that support those roles. One of their key recommendations was that the Department contract with private agencies to serve in leadership roles within the local systems of care. Specifically, it proposed Area-based Lead Agencies to build and manage local systems of care in partnership with local DSS Area Offices and Regional Resource Centers to coordinate the care of children with high-end needs.

The recommendations present two critical questions. One is to define the working relationship between the Area-based Lead Agencies and the Regional Resource Centers. The Workgroup identified areas of expertise, capability, and capacity that each type of entity would bring to the system. In order to ensure the success of each entity and the system as a whole, the operational relationships must be clearly and realistically defined. An internal Operations Team is currently working to define the nature and structure of the relationship between these two entities and with the Area and Regional Offices.

The second question encompasses the roles and responsibilities within DSS itself as they relate to those of providers contracted to serve as lead agencies. While the discussion about the role of private providers is taken up somewhat regularly in the context of a structured procurement process, the role of the public agency is rarely examined explicitly, comprehensively, or in relation to the Department's contracted providers. While the Department has made changes to case practice, it hasn't conducted a comprehensive review of the role of its casework staff in some time. Such a discussion must uncover several layers that define our views of casework: philosophy and values; regulation and policy; operational procedures; and field reality and daily practice. It also requires the perspective and skills to see beyond the answers that we've left implicit and unexamined for several years and come to accept as unchangeable. We believe using a facilitated consensus-building process will produce the most creative results.

Project Scope

In the brief moments in which the Workgroup raised the question of the public agency role, the response was often that the DSS social workers are the case managers and should remain so. However, this is too simple a statement to serve as a guide to design and action. First, DSS social workers do not handle their responsibilities solely on their own. They work with and are advised by their supervisors, Area Program Managers (APMs), Area Directors (ADs), Resource Coordinators, colleagues, legal staff, managers in Regional and Central Offices, and service providers. What unites these experts is the case plan goal for the family to which they are collectively accountable. Second, case management is not a single task, but a complex set of tasks and decisions. Part of case

management is service management, which includes decisions about identifying appropriate services, transitioning service intensity, monitoring utilization, and terminating services. The one program in which the Department has assigned greater responsibility to providers for some of these decisions is Commonworks. In Commonworks, Lead Agencies are responsible for transitioning youth to less restrictive levels of care and, ultimately, for supporting their return to families or Departmental foster care. To support this greater accountability, the Leads have been given increased authority to make some service management decisions. In practice, there is not a consistent view of their scope of authority, resulting in the need to negotiate it at the Area level. This results in a combination of duplicative efforts and gaps in focus.

The Workgroup has recommended that the Department increase the extent to which it holds providers accountable for outcomes. The Operations Group is considering the use of episode-of-care rates, which holds providers accountable financially for achieving outcomes. In order for DSS to move in this direction, it must clarify the scope of decision-making authority that it is willing to delegate to providers. It must clearly identify, understand, and resolve systemically all areas of duplication and gaps in decision-making.

There are several areas that the Department believes are worthy of examination by a wide array of stakeholders though a consensus-building process.

- The allocation of specific workload tasks within a case. Is there redundancy in the current allocation? If so, how should we decide who does what?
- The assignment of service management related decision-making within a case. How well does the Commonworks model work? What changes should be made in light of a desire for increased accountability?
- The assignment of case management between DSS and private providers. What might this look like for particular populations (e.g. CHINS or multi-agency involved kids)?
- Can the design and delineation of the public and private roles reduce the burden on the DSS social worker and have a positive impact on their work with families?

Phases of Work

The Department plans to issue an RFR for comprehensive systems of care in April 2004. Resolution of the questions raised in this project is important for informing the design of that RFR. Therefore, this project must be completed by February 2004. However, the systems of care procurement will be designed to phase in change over a period of time (perhaps up to three years). Thus, any recommendations for change can be proposed to occur over a substantial period of time.

Phase 1 (August / September): Preliminary Process Design and Facilitator Selection

Phase 2 (September): Stakeholder Assessment and Process Recommendations by Facilitator

Phase 3 (October / November): Organize Consensus Building Process

Phase 4 (November to February): Consensus Building

Selection and Planning Workgroup Members

This Workgroup is charged with selecting the consensus-building consultant that will manage this process. The group will also be available to the consultant to provide guidance and a sounding board through the Assessment phase. The role of such a group during the consensus-building process itself will be determined.

Eleanor Dowd, Metro RD
Brenda Gadson, Roxbury Multi-Services
Kim Ferrecchia, DSS Mental Health Specialist
Mindy Mazur, P/PAL
Ed Malloy, Local 509 SEIU
Dina McCarthy, Cambridge AO Supervisor
Brian Pariser, DSS Legal
Bonnie Saulnier, Wayside
Harry Spence, Commissioner
Susan Wayne, JRI

Work Product

The result of this consensus-building process will be written recommendations regarding the scope and nature of decision-making authority that DSS should delegate to private vendors in its system of care procurement. The recommendations will include mechanisms for ensuring DSS continues to meet its obligation for public accountability. These recommendations, once accepted by the executive managers and Commissioner, will be used by the Procurement Management Team in crafting the Request for Responses (RFR).

Stakeholders

The following is a preliminary list of stakeholders who could be involved in this process. Additional groups and specific participants will be identified as part of the Assessment phase.

- Social workers (representing intake, investigation, on-going case management, adoption and foster care functions)
- Supervisors
- Area Program Managers
- Area Directors and Regional Directors
- Local 509 SEIU
- Provider agency executive directors and program managers
- Families and youth
- Courts, attorneys, judges, probation officers
- Sister health and human services agencies, including DMH, DMR, OCCS, DYS

MASSACHUSETTS OFFICE OF DISPUTE RESOLUTION

Selection & Planning Committee

Role in Consensus-Building Process

Selection (September):

1. Review materials describing the consensus-building process being sponsored by DSS and attend organizational meeting.

2. Review materials describing the pool of potential facilitators to manage the consensus-building process and determine facilitator candidates to be interviewed.

3. Interview facilitator candidates and select the most suitable facilitator for the project.

4. Review the Scope of Work for selected facilitator.

Planning (September – November):

5. Identify the initial group of individuals (stakeholders) to be interviewed by the facilitator during the assessment phase of the project.

6. Help the facilitator frame the issue(s) for consensus-building to be discussed with the interviewees.

7. Be available to the facilitator as a resource during the assessment phase of the project.

8. Provide feedback to the facilitator on the assessment report and recommendations for the design of the consensus-building process.

9. Work with the facilitator to plan and organize the process.